



Rick Scott  
Governor

H. Frank Farmer, Jr., M.D., Ph.D., FACP  
State Surgeon General

## INITIAL LICENSURE FORM OPTICIANRY (2001)

Do not write in this space

**Please Note:** According to Rule 64B12-9.0015(5), Florida Administrative Code, the initial licensure fee **must** be paid within one year of notification of successful passage of the examination.

To receive your initial license, please complete and return this form with a check or money order made payable to the Department of Health for the initial licensure fee. If you submit the form and the fee prior to December 31, 2011, the initial licensure fee is \$155.00. If you submit the form and the fee after January 1, 2012, the initial licensure fee is \$80.00.

**Also, please enclose the original certificate of completion of your initial licensure laws & rules course and a copy of your prevention of medical errors course certificate, unless these certificates were previously submitted.**

NAME \_\_\_\_\_

LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

\_\_\_\_\_

LOCATION ADDRESS \_\_\_\_\_

\_\_\_\_\_



CHECK THIS BOX IF YOUR MAILING OR LOCATION ADDRESS HAS CHANGED

Please return this form with a check or money order to:

Board of Opticianry  
P.O. Box 6330  
Tallahassee, Florida 32314-6330

Board of Opticianry  
4052 Bald Cypress Way Bin #C08  
Tallahassee, FL 32399-3258  
(850) 245-4474 TDD 800-955-8771  
Web Address: [www.doh.state.fl.us/mqa/opticianry](http://www.doh.state.fl.us/mqa/opticianry)